PAGE 1 / 34

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

	Authorized Co	DEMINIS DEMINITED IS		(Office Use Only
NAME OF COMMITTEE (in full) TYPE OR PRI	NT ▼	Example: If typin over the lines.	g, type	12FE4M5	
FRIENDS OF HAGEDORN					
ADDRESS (number and street)	NTER PLZ STE 00	7			
Check if different than previously reported. (ACC)				MN 56	6001-7710
2. FEC IDENTIFICATION NUMBER ▼	CITY	\		STATE A	ZIP CODE
C C00550707	3. IS THIS REPORT	X NEW (N)	OR	AMENDE (A)	STATE ▼ DISTRICT MN 01
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1)	(b) 12-Day P	Primary (12P		General (12	
July 15 Quarterly Report (Q2) Cotober 15 Quarterly Report (Q3)	Election	on M M /	D D /	YYYY	in the State of
January 31 Year-End Report (YE)	(c) 30-Day P	OST-Election Rep	port for the:		
		General (30G	i)	Runoff (30F	Special (30S)
Termination Report (TER)	Election	on M M /	D D /	Y	in the State of
5. Covering Period 07 01	/ Y Y Y Y Y 2015	through	м м 09	/ 30 /	Y Y Y Y Y Z Y Z Z Z Z Z Z Z Z Z Z Z Z Z
I certify that I have examined this Report and	to the best of my	knowledge and	belief it is tr	ue, correct and	complete.
Type or Print Name of Treasurer DOUGLAS Signature of Treasurer DOUGLAS R HITZEM	R HITZEMANN AANN	[Electronically l	Filed]	Date 10	/ D D / Y Y Y Y Y 2015
NOTE: Submission of false, erroneous, or incomp	olete information m	nay subject the per	son signing t	this Report to the	e penalties of 2 U.S.C. §437g.
Office Use Only					FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

2015

PAGE 2 / 34

2015

09

To:

30

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Report Covering the Period:

FRIENDS OF HAGEDOR	N

From:

07

01

COLUMN A COLUMN B This Period **Election Cycle-to-Date** Net Contributions (other than loans) **Total Contributions** (a) 16345.00 62609.91 (other than loans) (from Line 11(e)) (b) Total Contribution Refunds 0.00 0.00 (from Line 20(d)) (c) Net Contributions (other than loans) 16345.00 62609.91 (subtract Line 6(b) from Line 6(a)) Net Operating Expenditures (a) Total Operating Expenditures 31676.32 52400.95 (from Line 17) (b) Total Offsets to Operating 0.00 359.20 Expenditures (from Line 14)..... (c) Net Operating Expenditures 31676.32 52041.75 (subtract Line 7(b) from Line 7(a)) Cash on Hand at Close of 11362.65 Reporting Period (from Line 27)..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 23000.00 Schedule C and/or Schedule D).....

For further information contact:

Federal Election Commission 999 E Street, NW Washington, DC 20463

Toll Free 800-424-9530 Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 34

Write or Type Committee Name

FRIENDS OF HAGEDORN

Report Covering the Period: From: 07 01 2015 To: 09 30 2015

	I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. (CONTRIBUTIONS (other than loans) FROM:		
((a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	7850.00	49410.00
	(ii) Unitemized(iii) TOTAL of contributions	6275.00	8625.00
	from individuals	14125.00	58035.00
	(b) Political Party Committees	0.00	0.00
((c) Other Political Committees (such as PACs)	0.00	0.00
	(d) The Candidate	2220.00	4574.91
	(other than loans) (add Lines 11(a)(iii), (b), (c), and (d))	16345.00	62609.91
	TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
	LOANS:		
((a) Made or Guaranteed by the Candidate	0.00	11583.52
((b) All Other Loans	0.00	0.00
((c) TOTAL LOANS (add Lines 13(a) and (b))	0.00	11583.52
	OFFSETS TO OPERATING		
	EXPENDITURES (Refunds, Rebates, etc.)	0.00	359.20
	OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
	TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)	16345.00	74552.63

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 34

		II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17.	OPI	ERATING EXPENDITURES	31676.32	52400.95
18.		ANSFERS TO OTHER THORIZED COMMITTEES	0.00	0.00
19.	LOA	AN REPAYMENTS:		
	(a)	Of Loans Made or Guaranteed by the Candidate	8583.52	8583.52
	(b)	Of All Other Loans	0.00	0.00
	(c)	TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))	8583.52	8583.52
20.	REF	FUNDS OF CONTRIBUTIONS TO:		
	(a)	Individuals/Persons Other Than Political Committees	0.00	0.00
			0.00	0.00
	(b)	Political Party Committees Other Political Committees		
		(such as PACs)	0.00	0.00
	(d)	TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))	0.00	0.00
21.	OTI	HER DISBURSEMENTS	0.00	3960.30
22.		TAL DISBURSEMENTS d Lines 17, 18, 19(c), 20(d), and 21)	40259.84	64944.77
		III. CASH SU	MMARY	
23.	CAS	SH ON HAND AT BEGINNING OF REPOR	RTING PERIOD	35277.49
24	то	TAL RECEIPTS THIS PERIOD (from Line 1	16, page 3)	16345.00
25.	SUI	BTOTAL (add Line 23 and Line 24)		51622.49
26.	TO	TAL DISBURSEMENTS THIS PERIOD (from	m Line 22)	40259.84
27.		SH ON HAND AT CLOSE OF REPORTING	G PERIOD	11362.65

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:			PAGE	5 OF	- 34		
(check only one)							
l	X _{11a}	11b	11c	11d			
l	12	13a	13b	14	15		

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full) FRIENDS OF HAGEDORN Full Name (Last, First, Middle Initial) **KEITH ALEXANDER** Date of Receipt Mailing Address 5225 MEADOW CROSSING RD SW 2015 16 City State Zip Code Transaction ID: SA11AI.5996 MN 55902 **ROCHESTER** FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 300.00 Name of Employer Occupation **SELF ATTORNEY** Receipt For: 2016 Election Cycle-to-Date Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) SAMUEL ARSERS Date of Receipt Mailing Address 1812 SOUTHRIDGE RD 19 2015 Citv State Zip Code Transaction ID: SA11AI.5967 **NEW ULM** MN 56073 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation **RETIRED** Receipt For: 2016 Election Cycle-to-Date Primary General 450.00 Other (specify) Full Name (Last, First, Middle Initial) **GORDON AWSUMB** Date of Receipt Mailing Address 1207 RIVER DRIVE 2015 29 City State Zip Code Transaction ID: SA11AI.5993 WI RIVER HILLS 54022 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 1000.00 Name of Employer Occupation MANKATO PLACE MALL **MANAGER** Receipt For: 2016 Election Cycle-to-Date Y Primary General 1000.00 Other (specify) 1550.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Primary

C.

Other (specify)

General

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 6 OF 34 Use separate schedule(s) (check only one) for each category of the 11a 11b 11c 11d Detailed Summary Page 12 13a 13b 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FRIENDS OF HAGEDORN Full Name (Last, First, Middle Initial) KEITH BREITBARTH Date of Receipt Mailing Address 33322 240TH ST 2015 27 City State Zip Code Transaction ID: SA11AI.5847 MN 56098 **WINNEBAGO** FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 250.00 Name of Employer Occupation INDUSTRIAL FABRICATION SERVICE **WELDER** Receipt For: 2016 Election Cycle-to-Date Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) **DEAN COMPART** Date of Receipt Mailing Address 40750 441ST AVE 28 2015 City State Zip Code Transaction ID: SA11AI.5846 **NICOLLET** MN 56074 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation **SELF FARMER** Receipt For: 2016 Election Cycle-to-Date

Full Name (Last, First, Middle Initial) DANIEL DOCKHAM		Date of Receipt
Mailing Address 201 PALANCAR AVE		09 29 2015
City MANKATO	State Zip Code MN 56001	Transaction ID : SA11AI.5980
FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
Name of Employer	Occupation	250.00
MAYO CLINIC	PHYSICIAN	, ,
Receipt For: 2016 Primary General Other (specify)	Election Cycle-to-Date 250.00	
	•	1000.00

500.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

Use separate schedule(s) (check only for each category of the Detailed Summary Page

FOR	LINE	NU	MBER:		PAGE	:	/	OF		34
(check only one)										
X	11a		11b		11c		11	d		
	12		13a		13b		14			15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

or	for commercial purposes, other than using the	e name and address of any political committee	to solicit contributions from such committee.
	NAME OF COMMITTEE (In Full) FRIENDS OF HAGEDORN		
Α.	Full Name (Last, First, Middle Initial) RICHARD DRAHEIM Mailing Address 4450 WASHINGTON BLVD		Date of Receipt 09 30 2015
	City	State Zip Code	
	MADISON LAKE	MN 56063	Transaction ID : SA11AI.5971
	FEC ID number of contributing federal political committee.	С	Amount of Each Receipt this Period
	Name of Employer COMMUNITY GROUP	Occupation BROKER	, , , , , , , , , , , , , , , , , , , ,
	Receipt For: 2016 Primary General Other (specify)	Election Cycle-to-Date 500.00	
В.	Full Name (Last, First, Middle Initial) MYRON ERSTAD Mailing Address 205 PALANCOR AVE	Date of Receipt	
	City MANKATO	State Zip Code MN 56001	09 29 2015 Transaction ID : SA11AI.5982
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer	Occupation	250.00
	SELF	FINANCIAL ADVISOR	,
	Receipt For: 2016 Primary General Other (specify)	Election Cycle-to-Date 250.00	
_	Full Name (Last, First, Middle Initial) WILLIAM FREITAG		Date of Receipt
C.	Mailing Address 901 ELTON AVE	09 29 2015	
	City ST JAMES	State Zip Code MN 56081	Transaction ID : SA11AI.5976
	FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period
	Name of Employer WILCON CONSTRUCTION	Occupation CEO	250.00
	Receipt For: 2016 Primary General Other (specify)	Election Cycle-to-Date 250.00	
Г	SUBTOTAL of Receipts This Page (optional)		1000.00
[T	OTAL This Period (last page this line number	only)	

SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: **PAGE** 8 OF 34 Use separate schedule(s) (check only one) 11a 11b 11d 11c 12 13a 13b 14

for each category of the ITEMIZED RECEIPTS Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FRIENDS OF HAGEDORN Full Name (Last, First, Middle Initial) **BRAD FREKING** Date of Receipt Mailing Address 59185 790TH ST 2015 80 City State Zip Code Transaction ID: SA11AI.5865 MN 56111 **ALPHA** FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 1000.00 Name of Employer Occupation **NEW FASHION PORK** CEO Receipt For: 2016 Election Cycle-to-Date Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) KIM HUMMEL Date of Receipt Mailing Address 235 COUNTY RD 51 80 2015 City State Zip Code Transaction ID: SA11AI.5862 **JACKSON** MT 56143 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation **COUNTY COMMISSIONER** JACKSON COUNTY Receipt For: 2016 Election Cycle-to-Date | Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) TERRY HUMMEL Date of Receipt Mailing Address 235 COUNTY RD 51 2015 80 City Zip Code State Transaction ID: SA11AI.5861 MN **JACKSON** 56143 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation **FULL TILT PERFORMANCE OWNER** Receipt For: 2016 Election Cycle-to-Date | Y Primary General 500.00

SCHEDULE A (FEC Form 3)

FOR LINE NUMBER: PAGE 9 OF 34 (check only one) 11a 11b 11c 11d 12 13a 13b

Use separate schedule(s) for each category of the ITEMIZED RECEIPTS Detailed Summary Page Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FRIENDS OF HAGEDORN Full Name (Last, First, Middle Initial) JONATHAN KIETZER Date of Receipt Mailing Address 931 MADISON AVE 2015 25 City State Zip Code Transaction ID: SA11AI.5979 MN 56001 **MANKATO** FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 250.00 Name of Employer Occupation **CENTURY 21 LANDMARK REALTORS** REAL ESTATE BROKER Receipt For: 2016 Election Cycle-to-Date Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) BILL MARKS Date of Receipt Mailing Address 22922 N RIVERFRONT DR 29 2015 Citv State Zip Code Transaction ID: SA11AI.5970 **MANKATO** MN 56001 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation CEO MG BIOLOGICS Receipt For: 2016 Election Cycle-to-Date | Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) MARK NOWAK Date of Receipt Mailing Address 15330 580TH AVE 2015 03 City Zip Code State Transaction ID: SA11AI.5850 MN WELLS 56097 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 500.00 Name of Employer Occupation **OWNER** NOWAK AG CONSULTING Receipt For: 2016 Election Cycle-to-Date Primary General 500.00 Other (specify) 1000.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 10 OF 34 Use separate schedule(s) (check only one) for each category of the 11a 11b 11d 11c Detailed Summary Page 12 13a 13b 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FRIENDS OF HAGEDORN Full Name (Last, First, Middle Initial) FRANK PIERUCCINI Date of Receipt Mailing Address 871 FORESTVILLE MEADOWS DR 2015 12 City State Zip Code Transaction ID: SA11AI.5840 VA 22066 **GREAT FALLS** FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 100.00 Name of Employer Occupation RAPPAPORT MGMT **ACCOUNTANT** Receipt For: 2016 Election Cycle-to-Date Primary General 300.00 Other (specify) Full Name (Last, First, Middle Initial) FRANK PIERUCCINI Date of Receipt Mailing Address 871 FORESTVILLE MEADOWS DR 12 2015 Citv State Zip Code Transaction ID: SA11AI.5849 **GREAT FALLS** VA 22066 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 100.00 Name of Employer Occupation **ACCOUNTANT** RAPPAPORT MGMT Receipt For: 2016 Election Cycle-to-Date | Primary General 400.00 Other (specify) Full Name (Last, First, Middle Initial) FRANK PIERUCCINI Date of Receipt Mailing Address 871 FORESTVILLE MEADOWS DR 2015 12 City Zip Code State Transaction ID: SA11AI.5906 VA **GREAT FALLS** 22066 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 100.00 Name of Employer Occupation RAPPAPORT MGMT **ACCOUNTANT** Receipt For: 2016 Election Cycle-to-Date Primary General 500.00 Other (specify) 300.00 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

Receipt For: 2016

Primary

Other (specify)

General

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

FOR LINE NUMBER: PAGE 11 OF 34 Use separate schedule(s) (check only one) for each category of the 11a 11b 11d 11c Detailed Summary Page 12 13a 13b 14

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FRIENDS OF HAGEDORN Full Name (Last, First, Middle Initial) **KYLE SMITH** Date of Receipt Mailing Address 530 S FRONT ST 2015 13 City State Zip Code Transaction ID: SA11AI.5952 MN 56001 **MANKATO** FEC ID number of contributing Amount of Each Receipt this Period С federal political committee. 500.00 Name of Employer Occupation **GROWTH HOLDINGS** MANAGER Receipt For: 2016 Election Cycle-to-Date Primary General 500.00 Other (specify) Full Name (Last, First, Middle Initial) WESLEY VOGT Date of Receipt Mailing Address 301 N 3RD ST 09 03 2015 City State Zip Code Transaction ID: SA11AI.5860 **TRUMAN** MN 56088 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation

Full Name (Last, First, Middle Initial) JOSEPH WEIS Date of Receipt Mailing Address 2227 7TH ST NW 2015 21 City State Zip Code Transaction ID: SA11AI.5954 MN ROCHESTER 55901 FEC ID number of contributing C Amount of Each Receipt this Period federal political committee. 250.00 Name of Employer Occupation **CHAIRMAN EMERITUS** WEIS BUILDERS, INC Receipt For: 2016 Election Cycle-to-Date | Y Primary General Other (specify) 500.00 1000.00

250.00

RETIRED

Election Cycle-to-Date

7850.00

Primary

Other (specify)

General

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

Im	age# 201510159003090494			
	CHEDULE A (FEC Form 3) EMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 12 OF 34 (check only one) 11a 11b 11c X 11d 12 13a 13b 14 15
	ny information copied from such Reports and St for commercial purposes, other than using the			person for the purpose of soliciting contributions be to solicit contributions from such committee.
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) FRIENDS OF HAGEDORN			
Δ.	Full Name (Last, First, Middle Initial) JAMES HAGEDORN	Date of Receipt		
	Mailing Address PO BOX 63			09 30 2015
	City BLUE EARTH	State MN	Zip Code 56013	Transaction ID : SA11D.6014
	FEC ID number of contributing federal political committee.	С но	MN01045	Amount of Each Receipt this Period
	Name of Employer	Occupation	1	In-kind - Mileage
	Receipt For: 2016 Primary General Other (specify)	Election C	ycle-to-Date 15698.43	
В.	Full Name (Last, First, Middle Initial) JAMES HAGEDORN	Date of Receipt		
	Mailing Address PO BOX 63			09 30 / 2015
	City BLUE EARTH	State MN	Zip Code 56013	Transaction ID : SA11D.6016
	FEC ID number of contributing federal political committee.	С но	MN01045	Amount of Each Receipt this Period
	Name of Employer	Occupation	ו	In-kind - Postage and Meals
	Receipt For: 2016 Primary General Other (specify)	Election C	ycle-to-Date 16168.43	
_	Full Name (Last, First, Middle Initial)			Date of Receipt
G.	Mailing Address City	State	Zip Code	M M / D D / Y Y Y Y
		State	Zip Gode	
	FEC ID number of contributing federal political committee.	С		Amount of Each Receipt this Period
	Name of Employer	Occupation	ו	
	Receipt For:	Election C	vcle-to-Date	_

2220.00

2220.00

lm	nage# 201510159003090495			
	CHEDULE B (FEC Form 3) EMIZED DISBURSEMENTS	Use separate scl for each categor Detailed Summa	y of the	FOR LINE NUMBER: PAGE 13 OF 3 (check only one)
	ny information copied from such Reports and Statements for commercial purposes, other than using the name ar			y person for the purpose of soliciting contributions
$\overline{\ \ }$	NAME OF COMMITTEE (In Full) FRIENDS OF HAGEDORN			
Α.	Full Name (Last, First, Middle Initial) ANEDOT		Date of Disbursement	
	Mailing Address 5555 HILTON AVE SUITE 106		07 14 2015	
	City State BATON ROUGE LA	Zip Code 70808		Amount of Each Disbursement this Period
	Purpose of Disbursement CREDIT CARD FEES			4.20 Transaction ID : SB17.5912
	Candidate Name		Category Type	y/
	State: District: Full Name (Last, First, Middle Initial)			
В.	ANEDOT			Date of Disbursement
	Mailing Address 5555 HILTON AVE SUITE 106		09 30 7 2015	
	City State BATON ROUGE LA	Zip Code 70808		Amount of Each Disbursement this Period
	Purpose of Disbursement CREDIT CARD FEES		19.34 Transaction ID : SB17.6013	
	Candidate Name		Category Type	
			,	
	State: District: Full Name (Last, First, Middle Initial)			
C.	BLUE EARTH GRAPHICS			Date of Disbursement
	Mailing Address 113 NORTH MAIN ST			07 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	City State BLUE EARTH MN	Zip Code 56013		Amount of Each Disbursement this Period
	Purpose of Disbursement PRINTING			1164.94

FE5AN018

Candidate Name

Office Sought:

State:

House

Senate

District:

President

Disbursement For: 2016

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

Primary Other (specify)

1188.48

Transaction ID: SB17.5916

Category/ Type

General

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:

(check only one)

| Total Control C

		20a 20b 20c 21
Any information copied from such Reports and Statements may no or for commercial purposes, other than using the name and address		
NAME OF COMMITTEE (In Full)	o c. any pontiour committee	55 to 55or continuations from 50011 50011 fillition.
FRIENDS OF HAGEDORN		
Full Name (Last, First, Middle Initial)		
A. MICHAEL BRYAN		Date of Disbursement
		M M / D D / Y Y Y Y
Mailing Address 1500 OLD COMPTON ROAD		07 14 2015
	ip Code	Amount of Each Disbursement this Period
	3238	1000 55
Purpose of Disbursement WEB DESIGN		1000.00 Transaction ID : SB17.5914
Candidate Name	Category/ Type	
Office Sought: House Disbursement For: 201		
Senate Primary	General	
President Other (specify	- 	
State: District:		
Full Name (Last, First, Middle Initial)		
3. MICHAEL BRYAN		Date of Disbursement
Mailing Address		M M / D D / Y Y Y
Mailing Address 1500 OLD COMPTON ROAD		08 31 2015
	ip Code	Amount of Each Disbursement this Period
	3238	
Purpose of Disbursement WEB DESIGN		500.00
		Transaction ID : SB17.5935
Candidate Name	Category/ Type	
Office Sought: House Disbursement For: 20		
Senate Primary	General	
President Other (specify		
State: District:		
Full Name (Last, First, Middle Initial)		Date of Disbursement
C. MICHAEL BRYAN		
Mailing Address 1500 OLD COMPTON ROAD		09 / D D / Y Y Y Y Y 18 2015
City State Zip Coc	e	Amount of Each Disbursement this Period
HENRICO VA 23238		
Purpose of Disbursement WEB DESIGN		500.00
Candidate Name	Category/ Type	Transaction ID : SB17.6010
Office Sought: House Disbursement For: 201		_
Senate Signature Primary	General	
President Other (specify		
State: District:		
'		
SUBTOTAL of Disbursements This Page (optional)		2000.00

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:

(check only one)

| Total Control C

					20a	20b	20c	21
Any information copied from such Reports or for commercial purposes, other than us								
NAME OF COMMITTEE (In Full) FRIENDS OF HAGEDORN						. 5		-
Full Name (Last, First, Middle Initial) A. LON FIRCHAU Mailing Address 125 FALCON DR City MANKATO Purpose of Disbursement CAMPAIGN STAFF Candidate Name Office Sought: House Senate President State: District:	State MN Disbursement For: Primary Other (sp	General	Category/ Type	Amou	(Disburse	2015 ement this P 2500.0	eriod
Full Name (Last, First, Middle Initial) LON FIRCHAU Mailing Address 125 FALCON DR	20.1	7:- 0		Date of 09			y y y y 2015	Y
City MANKATO Purpose of Disbursement CAMPAIGN STAFF Candidate Name Office Sought: House Senate President State: District:	State MN Disbursement For: Primary Other (sp	General	Category/ Type		nt of Each		ement this P	-
Full Name (Last, First, Middle Initial) LON FIRCHAU Mailing Address 125 FALCON DR				Date of 09		ement	y y y y 2015	4
City MANKATO Purpose of Disbursement MILEAGE Candidate Name Office Sought: House Senate President State: District:		General	Category/ Type	C.	nt of Each	,	ement this P	-
SUBTOTAL of Disbursements This Page	(optional)						5365.0	00
TOTAL This Period (last page this line no								

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

	FOR LINE	NUMBE	R:		PAGE	16	OF	34
Use separate schedule(s)	(check on	y one)						
for each category of the Detailed Summary Page	×	17		18		19a		191
Detailed Suffillary Fage		20a		20b		20c		21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FRIENDS OF HAGEDORN Full Name (Last, First, Middle Initial) Date of Disbursement JAMES HAGEDORN 2015 Mailing Address PO BOX 63 08 14 City State Zip Code Amount of Each Disbursement this Period MN **BLUE EARTH** 56013 Purpose of Disbursement 1000.00 MILEAGE REIMBURSEMENT Transaction ID: SB17.5933 Candidate Name Category/ Type Disbursement For: 2016 Office Sought: House Senate Primary General Other (specify) President MN State: District: Full Name (Last, First, Middle Initial) JAMES HAGEDORN Date of Disbursement Mailing Address PO BOX 63 80 28 2015 City State Zip Code Amount of Each Disbursement this Period **BLUE EARTH** MN 56013 1000.00 Purpose of Disbursement MILEAGE REIMBURSEMENT Transaction ID: SB17.5934 Candidate Name Category/ Type Disbursement For: Office Sought: 2016 House Senate Primary General Other (specify) President State: MN District: Full Name (Last, First, Middle Initial) C. JAMES HAGEDORN Date of Disbursement Mailing Address PO BOX 63 09 2015 15 City State Zip Code Amount of Each Disbursement this Period **BLUE EARTH** MN 56013 1500.00 Purpose of Disbursement MILEAGE Transaction ID : SB17.6007 Candidate Name Category/ Type Disbursement For: 2016 Office Sought: House General Senate Primary President Other (specify) State: MN District: 01 3500.00 SUBTOTAL of Disbursements This Page (optional)..... TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

	Dotailed Sufficient	,		20a	20b	20c	21
	ny information copied from such Reports and Statements may not be sold or use for commercial purposes, other than using the name and address of any politic					iting contribu	utions
\rangle	NAME OF COMMITTEE (In Full) FRIENDS OF HAGEDORN						<u> </u>
۹.	Full Name (Last, First, Middle Initial) JAMES HAGEDORN Mailing Address PO BOX 63		М	e of Disbu	ursement	y y y y 2015	Y
	City State Zip Code BLUE EARTH MN 56013 Purpose of Disbursement MILEAGE Candidate Name Office Sought: House Disbursement For: 2016	Category/ Type	Amo	ount of Ea		ement this P	-
	Senate President State: MN District: 01 Full Name (Last, First, Middle Initial)		_				
3.	JAMES HAGEDORN Mailing Address PO BOX 63		M	e of Disbu	ursement 30	y y y y 2015	Y
	City State Zip Code BLUE EARTH MN 56013 Purpose of Disbursement In-kind - Mileage Candidate Name Office Sought: House Senate Disbursement For: 2016 Reprinary General	Category/ Type			ach Disburso		-
	State: MN District: 01 Full Name (Last, First, Middle Initial)						
Э.	JAMES HAGEDORN Mailing Address PO BOX 63		M	e of Disbu	ursement / 30	2015	′
	City State Zip Code BLUE EARTH MN 56013 Purpose of Disbursement In-kind - Postage and Meals Candidate Name	Category/ Type		,	ach Disburse	ement this P	
	Office Sought: House Senate President Other (specify)	·					
s	SUBTOTAL of Disbursements This Page (optional)				,	2720.0	00
т	OTAL This Period (last page this line number only)						

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

	FOR LINE	PAGE	18	OF	34		
Use separate schedule(s)	(check only	(check only one)					
for each category of the Detailed Summary Page	X	17	18		19a		19b
		20a	20b	,	20c		21
ay not be sold or used by any person for the purpose of soliciting contributions ddress of any political committee to solicit contributions from such committee.							

TEMIZED DISBORSEMENTS	Detailed Summary Page	17
Any information copied from such Reports and Statements or for commercial purposes, other than using the name and		person for the purpose of soliciting contributions
NAME OF COMMITTEE (In Full) FRIENDS OF HAGEDORN	,	
Full Name (Last, First, Middle Initial) A. JAMES HAHN		Date of Disbursement
Mailing Address 226 S FRANKLIN ST		09 10 2015
City State NEW ULM MN	Zip Code 56073	Amount of Each Disbursement this Period
Purpose of Disbursement CAMPAIGN STAFF Candidate Name		2500.00 Transaction ID : SB17.5940
	Category, Type	
Senate Primar		
Full Name (Last, First, Middle Initial) B. DOUGLAS R HITZEMANN		Date of Disbursement
Mailing Address 148 LYNX LN		08 03 2015
City State MANKATO MN	Zip Code 56001	Amount of Each Disbursement this Period
Purpose of Disbursement ACCOUNTING - FEC		500.00 Transaction ID : SB17.5930
Candidate Name	Category, Type	
Office Sought: Senate President State: Disbursement For Primar Other	or: 2016	
Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address 148 LYNX LN		09 / D / Y Y Y Y Y Y Y 1 Y 1 Y 1 Y 1 Y 1 Y 1 Y
City State 2 MANKATO MN	Zip Code 56001	Amount of Each Disbursement this Period
Purpose of Disbursement MILEAGE REIMBURSEMENT		110.50
Candidate Name	Category, Type	Transaction ID : SB17.5942
Office Sought: House Disbursement For Senate President Other	or: 2016	
SUBTOTAL of Disbursements This Page (optional)		3110.50
TOTAL This Period (last page this line number only)		, ,

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

	FOR LINE	NUMBER	R:		PAGE	19	OF	34
Use separate schedule(s)	(check on	ly one)						
for each category of the Detailed Summary Page	×]17 [18		19a] 19k
Detailed Suffillary Fage		20a		20b		20c		21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FRIENDS OF HAGEDORN Full Name (Last, First, Middle Initial) Date of Disbursement DOUGLAS R HITZEMANN 2015 Mailing Address 148 LYNX LN 09 10 City State Zip Code Amount of Each Disbursement this Period MN **MANKATO** 56001 Purpose of Disbursement 450.00 **ACCOUNTING - FEC** Transaction ID: SB17.5943 Candidate Name Category/ Type Disbursement For: 2016 Office Sought: House Senate Primary General Other (specify) President District: State: Full Name (Last, First, Middle Initial) **NATION BUILDER** Date of Disbursement Mailing Address 448 S HILL ST 07 14 2015 City State Zip Code Amount of Each Disbursement this Period CA 90013 LOS ANGELES 99.00 Purpose of Disbursement WEB MANAGEMENT Transaction ID: SB17.5913 Candidate Name Category/ Type Disbursement For: Office Sought: House 2016 Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) C. NATION BUILDER Date of Disbursement Mailing Address 448 S HILL ST 08 2015 13 City State Zip Code Amount of Each Disbursement this Period 90013 LOS ANGELES CA 99.00 Purpose of Disbursement WEB MANAGEMENT Transaction ID : SB17.5932 Candidate Name Category/ Type Disbursement For: 2016 Office Sought: House General Senate Primary President Other (specify) State: District: 648.00 SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

34 PAGE 20 OF FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the **X** 17 18 19a 19b Detailed Summary Page 20a 20b 20c 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

FRIENDS OF HAGEDOR	N		
Full Name (Last, First, Middle Initial) A. NATION BUILDER			Date of Disbursement
Mailing Address 448 S HILL ST			09 10 / 2015
City LOS ANGELES	State Zip Code CA 90013		Amount of Each Disbursement this Period
Purpose of Disbursement WEB MANAGEMENT			99.00 Transaction ID : SB17.5944
Candidate Name		Category/ Type	
Office Sought: House Senate President	Disbursement For: 2016 Primary General Other (specify)		
State: District: Full Name (Last, First, Middle Initial) P2B STRATEGIES			Date of Disbursement
Mailing Address 4750 E 53RD ST SUITE 206			07 28 2015
City MINNEAPOLIS	State Zip Code MN 56001		Amount of Each Disbursement this Period
Purpose of Disbursement CAMPAIGN CONSULTANT Candidate Name		Catagory	4000.00 Transaction ID : SB17.5925
0(5, 0, 1)	Dishuman and Fam. 2010	Category/ Type	-
Office Sought: House Senate President	Disbursement For: 2016 Primary General Other (specify)		
State: District: Full Name (Last, First, Middle Initial)			
C. P2B STRATEGIES			Date of Disbursement
Mailing Address 4750 E 53RD ST SUITE 206			07
City MINNEAPOLIS	State Zip Code MN 56001		Amount of Each Disbursement this Period
Purpose of Disbursement CAMPAIGN CONSULTANT			4000.00
Candidate Name		Category/ Type	Transaction ID : SB17.5938
Office Sought: House Senate President State: District:	Disbursement For: 2016 Primary General Other (specify)	*	
SUBTOTAL of Disbursements This Pag	e (ontional)		8099.00
	number only)		

SCHEDULE B (FEC Form 3)

	FOR LINE	FOR LINE NUMBER:			E 21	OF	34
Use separate schedule(s)	(check only						
for each category of the Detailed Summary Page	X	17	18		19a		19b
		20a	20b		20c		21
ay not be sold or used by any person for the purpose of soliciting contributions address of any political committee to solicit contributions from such committee.							

ITEMIZED DISBURSEMENTS	for each category of the Detailed Summary Page	X 17 18 19a 19b 20a 20b 20c 21
Any information copied from such Reports and Statements r or for commercial purposes, other than using the name and		
NAME OF COMMITTEE (In Full) FRIENDS OF HAGEDORN		
Full Name (Last, First, Middle Initial) P2B STRATEGIES Mailing Address 4750 E 53RD ST		Date of Disbursement Date of Disbursement 09 01 2015
SUITE 206 City State MINNEAPOLIS MN Purpose of Disbursement CAMPAIGN CONSULTANT Candidate Name	Zip Code 56001	Amount of Each Disbursement this Period 4000.00 Transaction ID: SB17.5939
Office Sought: House Senate President State: Disbursement Formary Other (Type or: 2016	
Full Name (Last, First, Middle Initial) UNITED STATES POSTAL SERVICE Mailing Address		Date of Disbursement M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State BLUE EARTH MN Purpose of Disbursement POSTAGE	Zip Code 56013	Amount of Each Disbursement this Period 552.41 Transaction ID : SB17.6009
Candidate Name Office Sought: House Senate President State: District: Disbursement For Other (20.0	
Full Name (Last, First, Middle Initial) C. VERIZON WIRELESS		Date of Disbursement
ACWORTH GA Purpose of Disbursement CELL PHONE Candidate Name Office Sought: House Disbursement Formula Senate Primary		Amount of Each Disbursement this Period 64.31 Transaction ID: SB17.5910
SUBTOTAL of Disbursements This Page (optional)		4616.72
TOTAL This Period (last page this line number only)		

SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

PAGE 22 34 FOR LINE NUMBER: Use separate schedule(s) (check only one) for each category of the X 17 18 19b 19a Detailed Summary Page 20a 20b 20c 21

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (In Full) FRIENDS OF HAGEDORN Full Name (Last, First, Middle Initial) Date of Disbursement VERIZON WIRELESS 2015 Mailing Address PO BOX 4002 08 03 City State Zip Code Amount of Each Disbursement this Period GA **ACWORTH** 30101 Purpose of Disbursement 159.31 CELL PHONE Transaction ID: SB17.5927 Candidate Name Category/ Type Disbursement For: 2016 Office Sought: House Senate Primary General Other (specify) President District: State: Full Name (Last, First, Middle Initial) VERIZON WIRELESS Date of Disbursement Mailing Address PO BOX 4002 80 31 2015 City State Zip Code Amount of Each Disbursement this Period GΑ **ACWORTH** 30101 Purpose of Disbursement CELL PHONE 219.31 Transaction ID: SB17.5937 Candidate Name Category/ Type Disbursement For: Office Sought: House 2016 Senate Primary General Other (specify) President State: District: Full Name (Last, First, Middle Initial) Date of Disbursement C. Mailing Address City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement Candidate Name Category/ Type Office Sought: Disbursement For: House General Senate Primary President Other (specify) State: District: 378.62 SUBTOTAL of Disbursements This Page (optional)..... 31626.32

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS			Use separate so for each catego		FOR LINE NUMBER: PAGE 23 OF 34 (check only one)			
_	LIVIIZED DIS	DONJEWIEW 13	Detailed Summa		17 18 X 19a 19b 20a 20b 20c 21			
					person for the purpose of soliciting contributions ee to solicit contributions from such committee.			
$\overline{\ \ }$	NAME OF COMMIT	TTEE (In Full) F HAGEDORN						
	Full Name (Last, Fi	irst Middle Initial)						
۹.	JAMES HAG				Date of Disbursement			
	Mailing Address P	O BOX 63			07 17 2015			
	City BLUE EARTH	Sta MN			Amount of Each Disbursement this Period			
	Purpose of Disburs				2600.00			
	Candidate Name			Category/ Type	Transaction ID : SB19A.5921			
	Office Sought:	Senate X Pt	nt For: 2016 rimary General ther (specify)	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
		District: 01						
3.	Full Name (Last, Fi	GEDORN			Date of Disbursement			
	Mailing Address P				07 17 2015			
	City BLUE EARTH	Sta MI			Amount of Each Disbursement this Period			
	Purpose of Disburs	sement	30010		1500.00			
	Candidate Name	NI .		Category/	Transaction ID : SB19A.5922			
	Office Sought:	Senate Pr	nt For: 2016 rimary General ther (specify)	Туре				
		District: 01						
_	Full Name (Last, Fi	•			Date of Disbursement			
Э.	Mailing Address P				07 17 _ 2015 _			
			7: 0 !		Q. 17 2010			
	City BLUE EARTH	State MN	Zip Code 56013		Amount of Each Disbursement this Period			
	Purpose of Disburs	sement NT			683.52			
	Candidate Name			Category/ Type	Transaction ID : SB19A.5923			
	Office Sought:	Senate Pr	nt For: 2016 rimary General ther (specify)	-				
	State: MN	District: 01						
9	SUBTOTAL of Diebu	reaments This Page (ontional)			4783.52			

TOTAL This Period (last page this line number only).....

SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule for each category of the Detailed Summary Page	ne 17 18 X 19a 19b
	nts may not be sold or used I	by any person for the purpose of soliciting contributions
or for commercial purposes, other than using the name NAME OF COMMITTEE (In Full) FRIENDS OF HAGEDORN	and address of any political c	ommittee to solicit contributions from such committee.
Full Name (Last, First, Middle Initial) A. JAMES HAGEDORN		Date of Disbursement
Mailing Address PO BOX 63		07 17 2015
City Sta BLUE EARTH MN	•	Amount of Each Disbursement this Period
Purpose of Disbursement LOAN REPAYMENT		3800.00 Transaction ID : SB19A.5924
Candidate Name Office Sought:		tegory/ Type
Senate President Ot	imary General her (specify)	
State: MN District: 01 Full Name (Last, First, Middle Initial)		
Mailing Address		Date of Disbursement
City Sta	te Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Candidate Name		tegory/ Type
Full Name (Last, First, Middle Initial)		Date of Disbursement
N. W. Walder		M M / D D / Y Y Y
Mailing Address		
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement Candidate Name		
		tegory/ Type
	nt For: imary General her (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....

TOTAL This Period (last page this line number only).....

3800.00

8583.52

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

PAGE

25 OF

	il
X	13a
	13h

34

(check only one) Detailed Summary Page Transaction ID: SC/10.4646 NAME OF COMMITTEE (In Full) FRIENDS OF HAGEDORN LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary JAMES HAGEDORN General Mailing Address Other (specify) \blacktriangledown PO BOX 63 City State ZIP Code MN 56013 **BLUE EARTH** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 3000.00 0.00 3000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 07^M ^D29^D ž014 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 3000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

26 OF

×	13a
	13b

34

Detailed Summary Page Transaction ID: SC/10.4647 NAME OF COMMITTEE (In Full) FRIENDS OF HAGEDORN LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary JAMES HAGEDORN General Mailing Address Other (specify) \blacktriangledown PO BOX 63 City State ZIP Code MN 56013 **BLUE EARTH** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 3500.00 0.00 3500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D30 ^M 07^M ž014 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 3500.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

27

	il
X	13a
	13h

34

Detailed Summary Page Transaction ID: SC/10.4661 NAME OF COMMITTEE (In Full) FRIENDS OF HAGEDORN LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary JAMES HAGEDORN General Mailing Address Other (specify) \blacktriangledown PO BOX 63 City State ZIP Code MN 56013 **BLUE EARTH** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 6000.00 0.00 6000.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M08^M 05 ž014 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 6000.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)

FOR LINE NUMBER:

PAGE

28 OF

X	13a
	13b

34

for each category of the (check only one) Detailed Summary Page Transaction ID: SC/10.5310 NAME OF COMMITTEE (In Full) FRIENDS OF HAGEDORN LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary JAMES HAGEDORN ★ General Mailing Address Other (specify) \blacktriangledown PO BOX 63 City State ZIP Code MN 56013 **BLUE EARTH** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 7500.00 0.00 7500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M 10^M ^D24 ž014 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 7500.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s)

FOR LINE NUMBER: (check only one)

PAGE

29 OF

×	13a
	13h

34

for each category of the Detailed Summary Page Transaction ID: SC/10.5627 NAME OF COMMITTEE (In Full) FRIENDS OF HAGEDORN LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 [PERSONAL FUNDS] Primary JAMES HAGEDORN ★ General Mailing Address Other (specify) \blacktriangledown PO BOX 63 City State ZIP Code MN 56013 **BLUE EARTH** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 1500.00 0.00 1500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: м _{= М} ^D10^D ž014 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 1500.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

30 OF

×	13a
	13b

34

Detailed Summary Page Transaction ID: SC/10.5633 NAME OF COMMITTEE (In Full) FRIENDS OF HAGEDORN LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2014 Primary JAMES HAGEDORN ★ General Mailing Address Other (specify) \blacktriangledown PO BOX 63 City State ZIP Code MN 56013 **BLUE EARTH** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 1500.00 0.00 1500.00 **TERMS** Date Incurred Date Due Interest Rate Secured: м _{= М} ^D 17 ž014 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 1500.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

31 OF

	i
×	13a
	13b

34

Detailed Summary Page Transaction ID: SC/10.5681 NAME OF COMMITTEE (In Full) FRIENDS OF HAGEDORN LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 [PERSONAL FUNDS] Primary JAMES HAGEDORN General Mailing Address Other (specify) \blacktriangledown PO BOX 63 City State ZIP Code MN 56013 **BLUE EARTH** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 2600.00 2600.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: 29 ^M 04^M 2015 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 0.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

32

X	13a
	13b

34

Detailed Summary Page Transaction ID: SC/10.5685 NAME OF COMMITTEE (In Full) FRIENDS OF HAGEDORN LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 [PERSONAL FUNDS] Primary JAMES HAGEDORN General Mailing Address Other (specify) \blacktriangledown PO BOX 63 City State ZIP Code MN 56013 **BLUE EARTH** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 1500.00 1500.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^D 15 ^M 05^M 2015 0.00 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 0.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

33 OF

×	13a
	13b

34

Detailed Summary Page Transaction ID: SC/10.5818 NAME OF COMMITTEE (In Full) FRIENDS OF HAGEDORN LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 [PERSONAL FUNDS] Primary JAMES HAGEDORN General Mailing Address Other (specify) \blacktriangledown PO BOX 63 City State ZIP Code MN 56013 **BLUE EARTH** Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period 683.52 683.52 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M06^M 08 2015 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount State ZIP Code Guaranteed City Outstanding: SUBTOTALS This Period This Page (optional)..... 0.00 TOTALS This Period (last page in this line only) Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

Use separate schedule(s) for each category of the

FOR LINE NUMBER: (check only one)

PAGE

34

×	13a
	13b

34

Detailed Summary Page Transaction ID: SC/10.5770 NAME OF COMMITTEE (In Full) FRIENDS OF HAGEDORN LOAN SOURCE Full Name (Last, First, Middle Initial) Election: 2016 [PERSONAL FUNDS] Primary JAMES HAGEDORN General Mailing Address Other (specify) \blacktriangledown PO BOX 63 State ZIP Code City MN 56013 **BLUE EARTH** Original Amount of Loan Balance Outstanding at Close of This Period Cumulative Payment To Date 3800.00 3800.00 0.00 **TERMS** Date Incurred Date Due Interest Rate Secured: ^M06^M ^D12 2015 % (apr) No List All Endorsers or Guarantors (if any) to Loan Source 1. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed City State ZIP Code Outstanding: 2. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 3. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount Guaranteed ZIP Code City State Outstanding: 4. Full Name (Last, First, Middle Initial) Name of Employer Mailing Address Occupation Amount ZIP Code Guaranteed City State Outstanding: SUBTOTALS This Period This Page (optional)..... 0.00 TOTALS This Period (last page in this line only) 23000.00 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.